



www.gallatin.mt.gov/health

Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall, Rm 108
Bozeman, MT 59715-3478
406-582-3120 • Fax: 406-582-3128

Intent to Groundwater Monitor

Company_____

Person performing monitoring_____

Please complete the following information where applicable and attach site maps.

Property Owner_____

Site Address_____

(If no address is available please provide the road name)

Subdivision/COS_____Lot/Tract_____

Section_____Township_____Range_____SE Confirmation #_____

of wells_____Estimated monitoring start date_____

Has this site been monitored before? ☐ Yes ☐ No If Yes, when was it monitored_____

Previous groundwater monitoring #_____Who did the monitoring_____

- ☐ Road Map (wide and close views if possible)
- ☐ Map with wells clearly marked and #'s you assigned to them
- ☐ Special instructions (i.e. locked gate, animals, directions to site)_____

MDEQ Appendix C:

"Observation must be done during the time when groundwater levels are highest. This is typically during the spring runoff or during the irrigation period, but may also be at some other time during the year. Observation must be done weekly or more frequently during the appropriate periods of suspected high groundwater. Observation must include at least two weeks of observation prior to and after the groundwater peak, otherwise the reviewing authority may reject the results."

Completed by EHS

Comments

Date entered into computer_____Groundwater monitoring #_____

Reviewed by_____